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Under the Paperwork Reducti	uired to res	respond to a collection of information unless it displays a valid OMB control number.							
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).							17,217-Conf. #1901		
FEE TRANSMITTAL			_	Filing Date		August 26, 2003 Yoshitaka Kayukawa			
For FY 2007			_	First Named Inventor Name		D. B. Gandhi			
Applicant claims small entity status. See 37 CFR 1.27				•		2138			
				Art Unit					
TOTAL AMOUNT OF PAYMENT (\$) 1,240.00				Attomey Docket No. SON-2810					
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH,									
Amelication Tons		IG FEES Small Entity		RCH FEES Small Entity	•	IATION FEES Small Entity	Fees Paid (\$)		
Application Type Utility	Fee (\$) 300	Fee (\$) 150	Fee (\$) 500	<u>Fee (\$)</u> 250	Fee (\$) 200	<u>Fee (\$)</u> 100	<u>rees r</u>	aid (\$)	
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80		<del></del>	
Reissue	300	150	500	250	600	300		<del></del>	
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES					_			Small Entity	
Fee Description Each claim over 20 (including	ng Reissues	;)					Fee (\$) 50	Fee (\$) 25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							360	180	
Total Claims			Fee Pa	aid (\$) <u>Multiple Depe</u>			ent Claims		
21 - 23 =	x				Fe	e (\$)	Fee Paid (\$	)	
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)						<del>-</del>		_	
Indep. Claims Extra Claims Fee (\$) Fee (\$)			ree Pa	10 (\$)					
HP = highest number of independ		d for, if greater than	3.						
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00 1801 Request for continued examination (RCE) (see 37 790.00									
SUBMITTED BY	7	7							
Signature	<del>1////</del>	1		Registration No.	24,104	Telephone	(202) 95	5-3750	
Name (Print/Type) Ronald P/Kananen				Attorney/Agent)	24,104	Date June 19, 2007			
Torigia 7	/ (Carrielle)					1	Ourie 19	, 2007	